



**Michael Ramey & Associates Inc**  
PROFESSIONAL INVESTIGATIONS

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Send Report by:  Fax  Mail  Email

To Whom:

- Rush Service  
 Call To Discuss Before Proceeding

Date Assigned:

Date Due:

Claim File:

Your File:

### Client Information:

Assigning Person: (include title)		Email:
Company Name:		
Company Address:		Co. Tele: Client Mobile:
Defense Law Firm & Attorney:		
Defense Attorney Address:		Attorney Tele: Mobile:

### Subject Information:

Subject Name:		Maiden: Other Name:		
Subject Address:				
Home Tele:	Age:	DOB:	SSN:	Drv Lic #:
Subject Mobile:	Sex:	Height:	Weight:	Hair:
Race/Ethnicity:				
Physical Characteristics:				
Spouse & Dependents: (names & ages)				
Vehicle(s) Description:				
Injury Date:	Hire Date:	Occupation:		
Injury Type:				
Cause of Injury/Claim:				
Preclusions/Restrictions:				
Medical Treater: (name, address & tele)				
Applicant's Attorney: (name & address)				

### Employer Information:

Name:	Address:
Contact:	Contact Tele:

### Instructions:

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